

1. NUMBER: BAGPCAM-00-002	2. PCN: PB20165	MSFC ENGINEERING CHANGE REQUEST (ECR) (See Instructions - MSFC Form 2327-2)		3. DATE: 10/16/00	4. PAGE 1 of 1
5. TO: FD32/Barbara Cobb		6. THRU:		7. FROM: Tammy Hone/TBE	
8. TITLE OF CHANGE: Post Baseline Increment 2 Crew Procedures for PCG-BAG-PCAM.					
9. RECOMMENDED PRIORITY: <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Urgent <input type="checkbox"/> Routine			10. NEED DATE: 11/17/00		
11. PROGRAM(S)/PROJECT(S) AFFECTED: ISS			12. CONFIGURATION ITEM(S) AFFECTED BY NOMENCLATURE: Increment 2 US PODF		
13. RECOMMENDED EFFECTIVITY(IES): Increment 2			14. DOCUMENTATION AFFECTED (Specs, ICD, etc.): MGUEPCAMAC001, MGUEPCAMN002, MGUEPCAMR001, MGUEPCAMFL001, MGUEPCAMLF001		
15. RELATED CHANGES (ECR, ECP, CR, etc.) BY NUMBER:			15A. INITIATING DOCUMENT NUMBER, e.g., DR, Software Trouble Report, etc.		
16. JUSTIFICATION FOR CHANGE (Include effect if not incorporated). (If necessary, continue on MSFC Form 2327-1 -Continuation Sheet) Required to support Increment 2 launch.					
17. EFFECTS ON: <input type="checkbox"/> Hardware <input type="checkbox"/> Facility <input type="checkbox"/> Schedule (See Enclosure for impact) <input type="checkbox"/> Requirements Documentation <input type="checkbox"/> Software <input type="checkbox"/> Environment <input type="checkbox"/> Cost (Estimated cost included in Enclosure) <input checked="" type="checkbox"/> Other (Specify): US PODF					
18. DESCRIPTION OF CHANGE (Include reference to enclosures). (If necessary, continue on MSFC Form 2327-1-Continuation Sheet) Baseline crew procedures for Payload PCG-BAG-PCAM for Increment 2. The addition of reference files have been incorporated due to the fact that photos, which were included in procedures during the Final drop, have been placed in their own separate file and linked to the original procedure.					
19. MOD KIT INFORMATION:					
Yes No				Enclosure	Paragraph
<input type="checkbox"/> <input type="checkbox"/> Previously issued modification instructions affected? (Explain)					
<input type="checkbox"/> <input type="checkbox"/> Proofing of modification instructions and kit installation required? (Explain)					
Proofing Location:					
<input type="checkbox"/> <input type="checkbox"/> Retest required? (Identify test invalidated by change)					
<input type="checkbox"/> <input type="checkbox"/> Requalification required? (Include description of test plan for requalification)					
Vehicle/Site & CI Serial No.	Change Period	Mod Kit Delivery Date	Est. M/H for Mod Kit Instl.	Out-of-Service Time	
20. SIGNATURE OF ORIGINATOR: Tammy Hone /s/		DATE: 10/16/00	TELEPHONE NUMBER: 726-1498	OFFICE SYMBOL: TBE	
21. CONCURRENCE					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE
22. TECHNICAL APPROVAL					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE